



# DRIVER'S APPLICATION FOR EMPLOYMENT

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Answer all questions)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
Phone \_\_\_\_\_ How long? \_\_\_\_\_  
State Zip Code

Previous Addresses  
Street City State & Zip Code How long? \_\_\_\_\_  
Street City State & Zip Code How long? \_\_\_\_\_  
Street City State & Zip Code How long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_

Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employer? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected? \_\_\_\_\_

## Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years; List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial vehicle motor vehicle\* in intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

Employer			Date	
Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person			Reason for leaving	

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, "X" NONE

DATES	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident ___/___/___			
Next Previous ___/___/___			
Next Previous ___/___/___			
Next Previous ___/___/___			

NONE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, "X" NONE

LOCATION	DATE	CHARGE	PENALTY
	___/___/___		
	___/___/___		
	___/___/___		
	___/___/___		

NONE

EDUCATION

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_ NO \_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_ NO \_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRIVING EXPERIENCE IF NONE, "X" NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		EXPIRATION DATE
		FROM	TO	
STRAIGHT TRUCK		__/__/__	__/__/__	
TRACTOR & SEMI-TRAILER		__/__/__	__/__/__	
TRACTOR – TWO TRAILERS		__/__/__	__/__/__	
MOTORCOACH – SCHOOL BUS		__/__/__	__/__/__	
OTHER		__/__/__	__/__/__	
OTHER		__/__/__	__/__/__	

NONE

LIST STATES OPERATED IN THE LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING REWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**TO BE READ AND SIGNED BY THE APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all the rules and regulations of the company.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE



## Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91 – 508, as amended by the Consumer Credit Reporting ACT of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.23, and 391.25 of the Federal Motor Carrier safety Regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

# REQUEST FOR INFORMATION

## From Previous Employer

I hereby authorize you to release the following information to **Central Prairie Co-op** for the purpose of investigation as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_

Date

\_\_\_\_\_

Employee/Applicant's Signature

*(Completed by Employee/Applicant)*

Mail To: (Former Employer)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From:

Central Prairie Co-op  
P.O. Box 159  
225 S Broadway Ave.  
Sterling, KS 67579-0159

Office:

800-238-1843  
620-278-2141

[www.cpcoop.us](http://www.cpcoop.us)

*(completed by company representative)*

Dear Sir/Madam:

The below named individual has made application to this company for a position as \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

David Cornelius, Controller

*(Completed by Employee/Applicant)*

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

*(Completed by Former Employer)*

1. Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.

2. Did he/she drive a motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semi trailer? \_\_\_\_\_, Bus? \_\_\_\_\_. Other (Please Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharge \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_; Military Duty; \_\_\_\_\_.
5. Was his/her general conduct satisfactory? \_\_\_\_\_
6. Please advise of past driving record if available for the past three years

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### Confidential Report of Personal Reference

Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

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Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

For the prospective employer's record, maintain this information in the Driver Qualification File for 3 years after the person's employment by the motor carrier ceases.

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\_\_\_\_\_

Date

\_\_\_\_\_

Employee/Applicant's Signature

*(Completed By Employee/Applicant)*

Mail To: (Former Employer)

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Sincerely,

David Cornelius, Controller

*(Completed by Employee/Applicant)*

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

*(Completed by Former Employer)*

1. Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as \_\_\_\_\_ at wage or salary of  
\_\_\_\_\_.



2. Did he/she drive a motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semi trailer? \_\_\_\_\_, Bus? \_\_\_\_\_. Other (Please Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
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Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
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Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

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Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

*(Completed By Employee/Applicant)*

Mail To: (Former Employer)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From:

Central Prairie Co-op  
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and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to  
\_\_\_\_/\_\_\_\_/\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

David Cornelius, Controller

*(To be completed by Employee/Applicant)*

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

*(To be completed by Former Employer)*

1. Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_.

2. Did he/she drive a motor vehicle for you? \_\_\_\_\_, Straight Truck? \_\_\_\_\_, Tractor-Semitrailer? \_\_\_\_\_, Bus? \_\_\_\_\_. Other (Please Specify) \_\_\_\_\_
3. Was he/she a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharge \_\_\_\_\_; Resignation \_\_\_\_\_; Lay Off \_\_\_\_\_; Military Duty; \_\_\_\_\_.
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Please indicate your opinion by placing a check mark in the appropriate column.

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks

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Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

For the prospective employer's record, maintain this information in the Driver Qualification File for 3 years after the person's employment by the motor carrier ceases.

## MOTOR VEHICLE DRIVER'S Certification of Violations/Annual review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each Motor Carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation, which must be listed, he/she shall so certify (Section 391.27).

### COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver:		Social Security Number		Date of Birth ____/____/____
Home Terminal		Driver's License Number		State ____
Expiration Date ____/____/____				
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. If you have had no violations, mark the following box - <input type="checkbox"/>				
Date	Offense	Location	Type of Vehicle Operated	
____/____/____				
____/____/____				
____/____/____				
____/____/____				
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past twelve months.				
Date of Certification ____/____/____		Drivers Signature _____		

### COMPLETED BY THE MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review of the Certification of Violations listed above and the other information described in section 391.25 of the Federal Motor Carrier Safety regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
  Is disqualified to drive a motor vehicle pursuant to Section 391.15  
  
 Does not adequately meet satisfactory safe driving performance

Action taken with the driver \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Joe Schauf General Manager

Central Prairie Co-op 225 S Broadway Ave. Sterling, KS 67579-0159

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.



## MOTOR VEHICLE DRIVER'S

### CERTIFICATION OF COMPLAINE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect July 1, 1987. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You as a commercial vehicle driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residency and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the Next Business Day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued the license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DRIVER'S CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_

# DRIVER STATEMENT OF ON-DUTY HOURS

## (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieve from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a noon-motor carrier entity, must be recorded on this form.

Driver Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsements \_\_\_\_\_

Restrictions \_\_\_\_\_ Type of License \_\_\_\_\_

Issuing State \_\_\_\_\_

Day	1 (Yesterday)	2	3	4	5	6	7	Total Hours
Date								
Hours Worked								

I hereby certify that the information above is correct to the best of my knowledge and belief, and that I

was last relieved from work at \_\_\_\_\_ A.M or P.M. On \_\_\_\_\_  
Time Day Month Year

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

## DRIVER CERTIFICATION FOR OTHER WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in section 396.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?  YES  NO

At this time do you intend to work for another employer while still employed by this company.  YES  NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employers(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

Witness: \_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

**CENTRAL PRAIRIE CO-OP 225 S Broadway Ave. Sterling, KS 67579-0159**  
**DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION, VERIFICATION FORM**

**TO BE COMPLETED BY EMPLOYEE/APPLICANT**

49CFR, part 40.25 of the US Department of Transportation regulations requires employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years.

I, \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Applicant/Employee name)

have made application for hire or transfer on \_\_\_\_/\_\_\_\_/\_\_\_\_ and give consent to:  
(Date of Application)

Previous Employers Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**TO BE COMPLETED BY FORMER EMPLOYER**

To provide information concerning my drug and alcohol testing records for the past two (2) years, from the date above, in compliance with 49CFR, part 40.25.

1. Did the employee perform for you safety sensitive work as defined by DOT regulations? \_\_\_\_\_
2. Do you have any knowledge of any alcohol test with a result of 0.04 or higher alcohol concentration in the past two years? \_\_\_\_\_ If yes what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Do you have knowledge of any verified positive drug tests in the past two years? \_\_\_\_\_. If yes what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Do you have knowledge of any refusals to be tested in the past two years (including verified adulterated or substituted drug test results)? \_\_\_\_\_ If yes what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_
5. If the answer to any question 2 – 4 is yes, please send information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests. 49CFR, part 40.25(h) requires you to provide this information.

Name and title of person completing this form: \_\_\_\_\_  
Name Title  
\_\_\_\_\_  
Telephone Number Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant/Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DRIVER PROGRAM PARTICIPATION VERIFICATION AND RELEASE FORM**

Under CFR 49 part 382.301, Employers may obtain from previous employers, pursuant to a driver's consent, any of the information concerning the driver, which is maintained under CFR 49 part 382.301(b) by the driver's previous employers.

**TO BE COMPLETED BY APPLICANT OR EMPLOYEE**

Former Employer Name: \_\_\_\_\_

Location: \_\_\_\_\_  
(Street) (City) (State) (Zip)

I, \_\_\_\_\_, hereby authorize the testing program named herein to release pertinent information regarding drug and alcohol tests performed on myself for an employer and/or the FMCSA.

\_\_\_\_\_  
Driver's Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DRUG AND ALCOHOL TESTING PROGRAM:**

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Location: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact: \_\_\_\_\_  
(Name) (Title)

**TO BE COMPLETED BY FORMER EMPLOYER**

The above named driver:  Participates  Does not participate, in the above named program.

Dates of participation: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the driver ever refused a drug or alcohol test:  Yes  No

This driver:  is  is not qualified to drive a commercial vehicle.

Please Complete the Test Result Information Below: (Begin with the most recent test.)

Circle your response

Date of Test	Result of Test	Type of Test
____/____/____	Negative or Positive	Alcohol or Drug or Both
____/____/____	Negative or Positive	Alcohol or Drug or Both
____/____/____	Negative or Positive	Alcohol or Drug or Both
____/____/____	Negative or Positive	Alcohol or Drug or Both

Verified by: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_